(100) Se	rvice Quality Improvement Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379001	
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O	
<111>	If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice) Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Study Area Code	379001
Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
Program Year	2015
Contact Name - Person USAC should contact regarding this data	Jay Bradbury
Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
Γ	NORS Reference	Outage Start	Outage Start	Outage Fed	Outage End	Number of		911 Facilities	Service Outage	Did This Outage Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected			Consider Outros	Preventative
1	Number	Date	time	Date	rime	Customers Affected	and the second s		Description (Check	Study Areas	Service Outage	and the second of the second
H							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
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E AND	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<701>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge	

<a1></a1>	<a2></a2>	<a3></a3>	<b1> ></b1>	Residential Local	 // /> // // /> // /> // /> // /> // /> // /> // /> // /> // /> /> /> /> /> /> /> /> /> /	 	 	(C)
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
-								
	78.0							

(710) Broadband Price Offerings	FCC Form 481 / C	
Data Collection Form	OM8 Control No. 3060-0986/	OMB Control No. 3060-0819
	July 2013	

<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<a1></a1>	<a2></a2>	<b1></b1>	(-(4) <b2></b2>	(<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
- 11111	4							

FIRST CO.	erating Companies lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		379001
<015>	Study Area Name		COX NEBRASKA TELCOM II. L.L.C.
<020>	Program Year		2015
<030>	Contact Name - Person	USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Nur	nber - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address	Email Address of person identified in data line <030>	jay.bradbury@cox.com
<810>	Reporting Carrier	Cox Nebraska Telcom, LLC	
<811>	Holding Company	Cox Communications, Inc	
<812>	Operating Company	Cox Nebraska Telcom, LLC	

.012.	<a>> <a>> <a>> <a>> <a>> <a>> <a>> <a>>		
<813>		<a2></a2>	(ca3y)**
	Affiliates	SAC	Doing Business As Company or Brand Designation
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CONTRACTOR DON'T	pal Lands Reporting ection Form				60-0986/OMB Control	STATUTE AND ACCOUNTS TO THE OWNER.	819
<010>	Study Area Code	379001					
<015>	Study Area Name	COX NE	BRASKA TELCOM II, L.L.C.				
<020>	Program Year	2015					
<030>	Contact Name - Person USAC should contact regarding this data	Jay Br	The state of the s				
<035>	Contact Telephone Number - Number of person identified in data line		9190 ext.		3		
<039>	Contact Email Address - Email Address of person identified in data line	<030> jay.br	adbury@cox.com				
<910>	Tribal Land(s) on which ETC Serves						
<920>	Tribal Government Engagement Obligation		Name of Attac	hed Document			- 1
to confin	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to	Select (Yes,No,					o (*)
9 54.313	3(a)(9) includes:	NA)					509
<921>	Needs assessment and deployment planning with a focus on Tribal						(3)
	community anchor institutions.	88812					59
<922>	Feasibility and sustainability planning;						
<923>	Marketing services in a culturally sensitive manner;						
<924>	Compliance with Rights of way processes						100
<925>	Compliance with Land Use permitting requirements						9
<926>	Compliance with Facilities Siting rules						
<927>	Compliance with Environmental Review processes						
<928>	Compliance with Cultural Preservation review processes						
<929>	Compliance with Tribal Business and Licensing requirements.						

の場合を行うなどの	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379001	
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.	c.
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030)> 4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030	0> jay.bradbury@cox.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		*
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

CHRONICASSICAL/PRESIDE	rms and Condition for Lifeline Customers	A. Section of the sec	FCC Form 481
Lifeline			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		July 2013
<010>	Study Area Code		
	Study Area Code	379001	
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030		
<039>	Contact Email Address - Email Address of person identified in data line <03	0> jay.bradbury@cox.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
			Name of Attached Document
<1220>	Link to Public Website HTTP	http://www.cox.com/residential/phone	e/lifeline.cox
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,	I	
<1223>	Additional charges for toll calls, and rates for each such plan.		

Data Col	rice Cap Carrier Additional Documentation lection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379001	
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
CHECK to	he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(ica Phase I support, frozen High Cost support, High Cost so e) the information reported on this form and in the docum	통해, 사용하게 되었다. 열맞게 많아 있었다. 경영 사용에 구성된 시간에 가장하다면 하나 하나가 되었다. 아이는 그리고 아이를 하는데 하나 아이를 하다 살아 있다.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	line 2021, contains the required information shall provide the number, names, and ng access to broadband service in the	9
<2021>	Interim Progress Community Anchor Institutions	:-	
	The second second section of the second seco	Name of Attached I	10 PA (pr

	ite Of Return Carrier Additional Documentation ection Form	FCC Form 481
		July 2013
<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4042699190 ext.
NAME OF STREET		iay.bradbury@cox.com nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47
AN 7500		he information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	
	Milestone Certification (47 CFN § 54.515(1)(1)(1))	No. of the stad December 11 to 12 to
		Name of Attached Document Listing Required Information
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addr providing access to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	1
wolfs.		Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)
(3014)	If yes, does your company file the RUS annual report	(1007/10)
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	
	Telecommunications Borrowers)	<u> </u>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ish Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual	
	report and all required documentation	
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a f	ormat comparable to RUS Operating Report for Telecommunications
(0000)	Dan mant/of for Delance Short Jacome Statement and Statement of C	Cook Floure
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	<u> </u>
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.
	If the response is no on line 3018, please check the boxes below	
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	
	contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
	independent certified public accountant; or 2) a financial report in a	
	format comparable to RUS Operating Report for Telecommunications	
(00	Borrowers,	
(3023)	Underlying information subjected to a review by an independent certified	
(3024)	public accountant Underlying information subjected to an officer certification.	⊢
(3025)		ash Flows
- A-10-10-10-10-10-10-10-10-10-10-10-10-10-		
	1	
(3026)	Attach the worksheet listing required information	
# E	22 - 02 [E	
	·	

Study Area Code	379001
Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
Program Year	2015
Contact Name - Person USAC should contact regarding this data	Jay Bradbury
Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com

I certify that I am an officer of the reporting carrier; my responsit recipients; and, to the best of my knowledge, the information re	pilities include ensuring the accuracy of the annual reporting requirements for universal service support ported on this form and in any attachments is accurate.
Name of Reporting Carrier: COX NEBRASKA TELCOM II, L.L.	.c.
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/19/2014
Printed name of Authorized Officer: Joiava Philpott	
Title or position of Authorized Officer: Vice President, Regu	latory Affairs
Telephone number of Authorized Officer: 4042690983 ext.	
Study Area Code of Reporting Carrier: 379001	Filing Due Date for this form: 06/30/2014

TOTAL BASE A	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379001
<015>	Study Area Name	COX NEBRASKA TELCOM II, L.L.C.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

behalf of the reporting carrier. I nts provided to the authorized
1/1 100 11/Cr
:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
[2] 그리고 있다는 이 이 이 이 이 가는 사람이 들었다면 하는 것이 하셨다고 하셨다고 하는 수 없는 이 이 없었다.	orized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informati	
Name of Reporting Carrier:	Tell	
Name of Authorized Agent or Employee of Agent:	4400	
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

Cox Nevada Telcom, LLC

FCC For	m 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OM8 Control No. 306 July 2013	0-0966/OMB Control No. 3060-0819
<010>	Study Area Code	559017			
	Study Area Name	Cox Nevada Telcom	LLC		
<020>	Program Year	2015			
is a second	Contact Name: Person USAC should contact with questions about this data	Jay Bradbury			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.co	om		
ANNUA	LL REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached w	orksheet)	(check box when complete)
	Outage Reporting (voice)		(complete attached w		
<210>	EV at 1850 Processing	outages to report			THEFT
<300>	Unfulfilled Service Requests (voice)				
<310>	Detail on Attempts (voice)				MILLE
	L			(attach descriptive	document)
<320>	Unfulfilled Service Requests (broadband)				
<330>	Detail on Attempts (broadband)			(attach descriptive	document)
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed				
<420>	Mobile				
<430> <440>	Number of Complaints per 1,000 customers (broads	pand)			MILLI
<450>	Mobile				
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate ce	rtification)	
<510>			(attached descript	ive document)	
<600>	Functionality in Emergency Situations		(check to indicate ce	rtification)	
			7		
			(attached descriptive	document)	
<610>					
<700>	Company Price Offerings (voice)		(complete attached	worksheet)	
<710>	Company Price Offerings (broadband)		(complete attached v	worksheet)	
<800>	Operating Companies and Affiliates		(complete attached v		- The same
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability	(if	yes, complete attached v (check to indicate ce		
10002	Voice Services rate comparability		7	injedaony	
<1010>			(attach descriptive o	document)	
<1100>	Terrestrial Backhaul (Y/N)?	li	f not, check to indicate co	ertification)	
<1110>			(complete attached	worksheet)	MILLIA
<1200>	Terms and Condition for Lifeline Customers		(complete attached	worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional				
<2000>	Including Rate-of-Return Carriers affiliated with Pri	ice Cap Local Exchange	Carriers (check to indicate cer	rtification)	THE THE
<2005>			(complete attached w		
	Rate of Return Carriers, Proceed to ROR Additional	Documentation Work	sheet		
<3000> <3005>			(check to indicate cer		
~20002A			(complete attached w	rornameer/	11 2 2 2 4 4 4

	ervice Quality Improvement Reporting		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	559017	
<015>	Study Area Name	Cox Nevada Telcom LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
	Please check these boxes below to confirm that the attached documents(s), on lii 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Volce)
Data Collection Form

<220>

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<8>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NOR Refere Numbe	nce Outage Star	t Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
		-					54.00				
											0.40

2552/2010/00/00/00	ce Offerings including Voice Rate Data	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge	

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>		«»
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fo
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<a1></a1>	<a2></a2>	 ✓bt>	<b2></b2>	<c> <c> <c> <c> <c> <c> <c> <c> <c> <c></c></c></c></c></c></c></c></c></c></c>	<d1></d1>	<d2>>-</d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select

(800) Operating Companies		FCC Form 481	
Data Collection Form		OMB Control No. 3	060-0986/OMB Control No. 3060-0819
		July 2013	

<010>	Study Area Code		559017
<015>	Study Area Name		Cox Neyada Telcom LLC
<020>	Program Year		2015
<030>	Contact Name - Person	USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address	Email Address of person identified in data line <030>	jay.bradbury@cox.com
<810>	Reporting Carrier	Cox Nevada Telcom, LLC	
<811>	Holding Company	Cox Communications, Inc	
<812>	Operating Company	Cox Nevada Telcom, LLC	- 1

<813>	<a>><a>><a>><a>><a>><a>><a>><a>><a>><a>	×a2>	<93>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	CONTRACTOR OF THE PARTY OF THE		
			THE RESERVE TO THE PROPERTY OF
	v v		(4)
			Transaction (Section 1)
	The state of the s		50 Y 140(0) 17 10 10 10 10 10 10 10 10 10 10 10 10 10

100000000000000000000000000000000000000	oal Lands Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <03 Contact Email Address - Email Address of person identified in data line <03 Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	1
to confi	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 8(a)(9) includes:	Select Yes,No,	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	NA)	*
<922> <923>	Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		1
<928> <929>	Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.		

The second second	Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	559017	
<015>	Study Area Name	Cox Nevada Telcom LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		N.

Lifeline	erms and Condition for Lifeline Customers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2015
<010>	Study Area Code	559017
<015>	Study Area Name	Cox Nevada Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP ht	ttp://www.cox.com/residential/phone/lifeline.cox
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, ibsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Coll	rice Cap Carrier Additional Documentation lection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		*	FCG-Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	559017		
<015>	Study Area Name	Cox Nevada Telcom LLC		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com		
CHECK ti	he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(그 그 그 그는 그는 그 그 이 이 이 가게 되었다. 그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		[2] [2] [1] [1] [2] [2] [2] [2] [2] [2] [3] [3] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
	Incremental Connect America Phase I reporting			×
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}			
<2012> <2013> <2014> <2015>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
<2016>				
	Connect America Phase II Reporting {47 CFR § 54.313(e)}			
<2017>	3rd year Broadband Service Certification			
<2018>	Sth year Broadband Service Certification			
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing preceding calendar year.	t shall provide the number, names, and		10 Hz (12 Hz)
<2021>	Interim Progress Community Anchor Institutions			
		Name of A	ttached Docum	ent Listing Required Information

	ote Of Return Carrier Additional Documentation ection Form		FCC Form 481 CMB Control No. 3060-0985/OMB Control No. 3060-0819
- 1			30ly 2013
<010>	Study Area Code	559017	
<015>	Study Area Name	Cox Nevada Telcom LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4042699190 ext.	The state of the s
MUNICISTS MUNICIPAL MUNICI	Contact Chian Address - Email Address of person identified in data line 40302	iay.bradbury@cox.com	THE PAYOR WAS ARRESTED TO SERVE THE PAYOR OF
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that t	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attack	
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Inform	ation
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addr providing access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to esses of community anchor institutions to which began	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
(3013) (3014)	Is your company a Privately Held ROR Carrier (47 CFR § \$4.313(f)(2)) if yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	38
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
263000021	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	
(2019)	If the company is no on line 2014. It was company sudited?	(Yes/No)	$\cap \cap$
(3018)	If the response is no on line 3014, is your company audited?	(resyno) L	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a \mathbf{f}	format comparable to RUS Operating Report for Telecommunicatio	ns 🔲
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows	<u></u>
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.	
4000004	if the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains:		_
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		
(2022)	Underlying information subjected to a review by an independent certified		
(3023)	public accountant		
(3024) (3025)	Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	
(3026)	Attach the worksheet listing required information		
	į.	Name of Attached Document Listing Required Information	